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CASES ILLUSTRATIVE OF OBSTETRIC DISEASE.—DEDUCTIONS
CONCERNING INSANITY IN WOMEN.

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[Communicated for the Boston Medical and Surgical Journal.—Continued from page 74.]

CASE VI.—*Melancholia. Suicide during the Catamenial Molimen.**—A few weeks since I was called to see Mrs. —, by her attending physician. The lady was a resident of another State, and had come hither for treatment. She was of easy circumstances, and had borne several children. The catamenia of late had been somewhat irregular as to interval, and scanty, but were otherwise normal in character. The general appearance of the patient was cachectic, her skin of a muddy tinge, though without decided jaundice. In the right hypochondrium there was a well-defined tumor, of perhaps the size of the fist, not particularly tender upon pressure. Thoracic examination revealed nothing at fault, while vaginal exploration was almost equally negative.

I had been informed that there were present, and had been for some little time, symptoms of despondency and hypochondriasis, and upon conversing with her I found that they had not been at all exaggerated. She freely acknowledged that she was tired of life, had no desire ever to see her children or friends again, &c.; so that there was no hesitation in our minds as to the necessity of rigid and constant supervision. There were reasons why it was thought best that Mrs. — should not be sent to an asylum. She was therefore placed in the charge of a trustworthy attendant, who was to leave her at no time wholly by herself; the sole exception to this rule being that this person was allowed to sleep in an adjoining apartment, through which was the only exit from the patient's chamber, the keeper's bed being so placed that it could command a full view of

* The above case was reported at the December meeting of the Suffolk District Medical Society, and was read, with remarks upon the importance of its medico-legal and other general relations, before the American Academy of Arts and Sciences, on Feb. 9th, 1864.

the interior of that room, the door between being left open at night. Every precaution was supposed to be taken to prevent the patient from getting into her possession any knife, ligature or other article possibly available for suicidal purpose.

Early on the morning of Dec. 13th, a little over two weeks after our consultation, I was summoned to the neighboring city where Mrs. — had been placed. I found her lying in bed, dead, and the body cold; the surrounding circumstances being such as to allow no doubt that she had yielded to the morbid impulse which had been impelling her from life. As the act was an unusually deliberate one, and its several details were successively and clearly to be traced, I shall give them at some little length; the case being of importance in its bearings upon certain obscure medico-legal and pathological questions, the value of which have not yet been fully appreciated by the profession.

The body was clothed in night dress, flannel drawers, and stockings without garters. The bed clothes and feather bed were thrown over the foot of the bedstead, an iron one; so that the body rested upon a hair mattress, under which was another of straw. Beneath the neck and head, which was thrown back, was a single pillow. The position of the body was perfectly easy and natural; the head slightly thrown back as aforesaid and a little turned to the right side; the countenance pale, but without contortion; the mouth and eyelids open; the hair loose, but not dishevelled; the left arm lying beside the trunk, the hand slightly bent inward; the right arm gently flexed upwards, the hand lying just outside of the outer edge of the pillow upon the side of the bed next the wall; the lower limbs were extended. The night gown was unbuttoned above, but pinned with a single pin half way down the opening in front; its lower edge decently down over the knees.

Across the throat, transversely, and commencing just beneath the chin, were eleven distinct incisions, extending lower on the left side than on the right. Of these one only, the undermost, did more than penetrate the skin. This last incision was situated an inch and a quarter above the sternal extremities of the clavicles; it was an inch and a half in length, and extended down to and opened the trachea, entirely dividing the sterno-mastoid muscle on the left side and the vein, but left the carotid apparently uninjured. This incision seemed to have been effected not by a single stroke of the knife, but by a repeated and sawing motion.

A broad stream of clotted blood extended across each supra-clavicular space, connecting on the right side with a large pool of the same near that shoulder. A single and narrow blood streak from the mouth downwards over the lower lip and chin, evidently from coughing, the blood having entered through the wound in the trachea.

Another incision, two inches in length and ragged, existed across the inside flexure of the left elbow; the arm being extended, it gaped

widely. This arm was covered with blood stains, a wide but dry streak extending down below the forearm and upon the back of the hand, but not soiling the mattress upon which it lay, nor was there a pool near the elbow. The night dress was smeared throughout in front with irregular blotches, but there was no blood upon the drawers, nor upon the stockings, save upon their feet, which were closely spotted above, and with irregular blotches beneath upon the soles. There was bound between the thighs a napkin, showing that the catamenia were expected, but it was unsoiled.

Upon the floor, near the bed, were the following articles. Beneath the bed at its lower extremity, the chamber vessel partly filled with urine, upon which was floating the match with which the patient had lit the gas; above, the cover, slightly spotted upon its outer side. Near the foot of the bed lay the night cap, garters and slippers, which were carefully placed side by side; these were all unspotted, save the soles of the slippers. Beside the bed, in a median position, stood a chamber slop-pail, its sides very much stained within but hardly at all without, and about one third filled with bloody water. Upon one of its sides, hanging partly within and partly without, was a towel saturated with blood. Near this pail and just above it, its long axis at right angles with the bed, lay an ivory-handled carving knife, covered with blood. Some little distance above this, a large feather pillow rested against the wall, unstained save by the single grasp of the bloody hand that had removed it; the same mark was also visible upon the bed clothes that were thrown over the foot of the bed. The pillow just described rested also against a small, hour-glass shaped work table, upon which was a leather work bag. In a rocking chair, half way from the bed to the left hand window, lay the patient's clothes, her under clothes uppermost. In the corner next beyond this rocking chair was a trunk partly open, containing clothing, &c., and against this a chair, supporting similar articles that had apparently been taken from the trunk. Upon the dressing table were a variety of articles—writing case, paper box with sewing materials, match box, combs and brush, rings, net for hair, false teeth, belt ribbon, paper of pins, various letters, photograph of her husband, portemonnaie, pen and ink, a piece of bloody waste paper, and a cup containing blood and marked outside by a bloody hand.

The carpet was largely stained just around the slop-pail, the marks being here suggestive of a sudden gush, with a succession of drop marks hence to the table, upon the table, to the door into the next room, on the right of the table, and to a closet at its left, where the slop-pail was usually kept, and upon a flannel petticoat lying between the table and this closet, and near the rocking chair upon which were the other clothes of the deceased. A small pool of blood was in the corner of the closet, and there was the print of bloody fingers upon the handle of the door into the next room.

From the above statement, it is evident that Mrs. —, having

taken off her rings, contrary to her usual custom at night, first opened her arm with the carving knife over the cup upon the table; that she held the cup up to the arm and then replaced it; that she walked to the door of the adjoining room and shut it, and thence to the closet for the slop-pail; that then, very likely feeling a little faint, she returned with the pail to her bed; that she first removed her slippers, night cap and garters, took the pillow from the bed and placed it against the wall, turning the bed clothes over the foot-board; that then finding the blood ceasing to flow from the arm, she endeavored to excite it again by sopping the wound with the towel. Finding this impossible, she sat down upon the side of the bed, and after repeated efforts succeeded in opening one of the veins of the neck; then dropping the knife, she fell back faint upon the pillow, and died from venous hæmorrhage.

Had the carotid artery been cut, there would have been present, as has been well shown by Dr. Swinburne, of Albany, in his most elaborate investigations upon this subject,* unmistakable signs of profuse arterial hæmorrhage. In these cases not merely are the surrounding objects covered by the blood, but its spout or jet is so great as to reach the walls of the room or even the ceiling, or if not, it assumes the curve of a parabola and strikes the floor at a distance of several feet. In the case now reported, on the contrary, the vital fluid *ran* out merely, as is the custom in all instances of simply venous hæmorrhage.

At the autopsy, I found the colon displaced downwards, as has now so often been noticed in cases of insanity; whether merely coincidently or not, is still an open question. In this case the bulk of the large intestine was crowded into the right iliac fossa. The pancreas was somewhat enlarged, and the pylorus apparently a little thickened. The gall-bladder was filled with inspissated bile, decolorized and almost puriform in appearance, and was crowded with gall-stones; thus having occasioned the tumor perceptible during the course of the disease. The other organs were healthy.

Upon inquiry, I was informed that Mrs. ———'s catamenia had been due for several days, and that she had evinced a corresponding increase of mental depression, that she had expressed fears lest she should again be sent home to her family and its cares, and that upon several occasions after the commencement of the molimen, and just previous to the night of her death, she had practised self pollution, confessing it soon afterwards with evidence of disgust and regret. Before retiring to bed upon that evening, she had particularly requested that her attendant would not disturb her in any way before morning, as she felt unusually tired and inclined to sleep.

From the past history of the case, there could be no doubt that the death was from self-destruction, and that this was committed

* Review of the Budge case, with an appendix exhibiting the symptoms in fifteen cases of suicidal death by cutting carotid arteries. Albany. 1853.

during a paroxysm of insanity; that the mental derangement was primarily occasioned by the hepatic disturbance, being very much aggravated, both primarily and secondarily, during the catamenial period. Under other circumstances, taking into account the extreme deliberation with which the whole matter had been planned and executed, and the almost inconceivable tolerance of pain necessarily implied by supposing it the victim's own act, it might have been very natural for suspicions to have been entertained of murder. Every step, however, in the whole chain of events was with perfect clearness and regularity to be traced, from the first inception of the suicidal thought. First, the secreting the knife, the persuading the keeper from her usual close attendance, then the lighting the gas, closing the door, preparing her person and arranging the bed and its surroundings for the fatal close.

There are two points, as I have already intimated, presented by the above history, that are of decided importance, both scientific and practical. I shall very likely take occasion to present my views upon both of them hereafter, at greater length.

I. The suicidal impulse reached its maximum and became effective at the catamenial period; and, II., as has been frequently noticed in insanity by those more especially charged with its management, there was a peculiar and excessive tolerance or non-perception of pain, which permitted the patient to saw her arm open and to cut eleven separate gashes upon the throat, without the occurrence of a groan, or a struggle, or the deviation by a hair's breadth from her pre-determined purpose. Upon such a supposition, and such only, can we account for many occurrences, otherwise inexplicable, among the insane; such as the discovery after death of fractures and dislocations, as of ribs, &c., which had not been suspected during life, and from which there had been neither complaint nor the ordinary physical signs of suffering.*

The existence of these facts I have long been inclined to suspect. They have but received confirmation from the singular opportunities of observation of late afforded me as one of the State Commissioners in Insanity, and I freely acknowledge my great obligation to the officers of many insane asylums, not in our own Commonwealth merely, for ready assistance in these investigations and for intelligent counsel.

As one of the results attained, I think I may enumerate the following as general laws. They are of especial interest to the obstetricist as opening up to him a fruitful and comparatively untrodden field of practice; and are also of exceeding importance to the medical jurist and to all others interested in the workings of criminal

* This latency or suppression of the physical signs of suffering and disease in the insane has been very thoroughly studied, and demonstrated in a long series of *post-mortem* examinations, by my friend Dr. Workman, of Toronto, Superintendent of the Upper Canada Lunatic Asylum. Amer. Journ. of Insanity, April, 1862, p. 349; &c.

law. So far as I am aware, and I speak from somewhat extended familiarity with the writings of alienists, the ground they cover has as yet been but very imperfectly defined.

1. In women of insane tendency, accidental or by inheritance, the access of insanity, its increase and its results, are more likely to occur at times of uterine or ovarian excitement, whether periodical or normal, or from disease. Just as we constantly see hysteria, more or less marked, at such times, we occasionally find the mental irritation so great as to constitute actual alienation, whether as mania, monomania, melancholia, or the so-called moral insanity.

2. In women, mental derangement, even of extreme character, is very commonly the consequence of uterine or ovarian derangement, however trifling; occurring at puberty, at the grand climacteric, or at any point between them—during virginity, during gestation, during or after labor or during lactation—from excessive sexual gratification or excessive sexual abstinence, from self-abuse, from organic or functional local lesion.*

3. So large a proportion of the mental derangements of women being sympathetic and reflex and referable to local derangements, herein differing from what obtains in men, where insanity is more frequently of centric and cerebral origin, there is decided indication for local curative treatment much oftener than it is now resorted to in cases of insane women, either at asylums or in private practice.†

Some special points regarding the insanity of women have, it is true, been very thoroughly worked up, perhaps time and again, as in the instance of puerperal mania, which, though in itself so important, is, however, but a single division, and comparatively a very trifling one, of that great subject to which I would call attention. I have hardly found in general treatises upon insanity, or in the interesting monographs with which the periodicals devoted to this specialty abound, more than a hint,‡ scarcely even that, of the dogmas, to

* The above facts being true, it may well be asked, as has already been done by Sedgwick in the case of pregnant women (*Psychological Journal*, Oct., 1863, p. 694), whether the legal responsibility of women at the physiological epoch and during the local derangements I have just mentioned should properly be considered as entire and unabated. We men, fortunately spared, in our own persons, experience of the extreme and almost boundless reflex phenomena that they present, may well grant them at such times some immunity from the extreme punishments otherwise required by violated law.

† To various obstacles that have always existed, and to a certain extent must necessarily do so, preventing superintendents from using with their female patients, upon their own responsibility, methods of treatment that they would otherwise gladly carry out, I may more fully allude in a subsequent communication. The Commissioners in Insanity have endeavored, in their late report to the Legislature, partially to obviate these difficulties, by recommending that the trustees of the State hospitals be empowered to appoint to each a board of consulting physicians, who may be called upon at the discretion of the superintendent.

‡ I would again, in this connection, call attention to the careful examinations and acute suggestions of Dr. Workman, of Toronto, who has been much nearer appreciating the truth in this matter, it would seem, than any other of our American observers. *Amer. Journal of Insanity*, July, 1858, pp. 19, 23, and July, 1859, p. 8; Report of Provincial Asylum, 1860; *Amer. Journ. of the Med. Sciences*, April, 1863, p. 437. Bucknill has incidentally alluded to these lesions as causative of insanity in women, in his paper upon the Pathology of Insanity, reprinted in the *Utica Journal* for April, 1858, p. 363—as has also Robinson, of Gateshead, in his work upon the Prevention and Treatment of Mental Disorders, p. 116. The above remarks that I have made apply more especially to those charged with the care of the

which I have been compelled by long and careful observation of sick women. In support of this statement and as but a single instance of the very many which I could adduce, I will refer to the long and otherwise complete essay upon "Woman in her Psychological Relations," by Dr. Forbes Winslow, in his *Psychological Journal* for Jan., 1851. Even Dr. Ray, of Providence, confessedly *expertissimus expertum*, to whom I am indebted for most interesting personal demonstrations of many points connected with the management of the insane—even this gentleman, in his late thoughtful and exhaustive treatise upon Mental Hygiene, while acknowledging the immense frequency of ill health among American women, and its evident connection with insanity, seeks to explain both these results, almost exclusively, by overwork,* necessary in the poor, self-imposed in the wealthy—overlooking or ignoring the great causes lying beneath overwork, upon which I would lay such stress. Some of these causes I have already called by name, but it would be indeed false delicacy and actual cowardice not to hold up as chief among all the predisposing and effective causes of uterine ill health among us here in New England, the so frequent induction of criminal abortion, the so frequent intentional prevention of impregnation, by women, married and unmarried, who have been exposed to its occurrence.

It has often been stated that her sex *did not* have anything to do with the causation and development of insanity in woman. These loose assertions have generally been based upon statistics drawn from the number of admissions to lunatic asylums, or from the relative proportions of the insane given from the census, which for obvious reasons are not to be relied upon as the basis of a general argument.

To the above deductions I may add the following: that in medico-legal investigations, whether they are coroners' inquests, trials for homicide, or for the abuse of insane patients in confinement, it must not be forgotten that the insane, so far as regards matters of sensation, whether as to effects from wounds or from acute or chronic disease, are not to be judged by the ordinary physiological laws.

This last statement must not be regarded by superintendents as a two-edged sword; for while no doubt it may admit a more frequent possibility of accident during measures of needful restraint, however slight, than has been generally acknowledged, and would invite greater and more constant precaution upon their part against such mischance, it will also relieve them from any suspicion or unfounded odium that may have existed, implying unnecessary violence, carelessness of observation or general neglect of patients by hospital attendants and employees.

The occurrence of the sensational torpor which I have now de-

insane; on the other hand some obstetricians, as Gooch, Tilt and others, have long had suspicion of the causes actually at work.

* Loc. cit., pp. 54 and 293.

scribed, and of whose existence among the insane too many instances have been reported to allow a doubt, although its value may have been misunderstood at the time, or but partially appreciated, is the more interesting as tending to throw light upon one of those tremendous charges just made against the officers of private lunatic asylums by Charles Reade, in his late novel entitled "*Very Hard Cash*." It is there asserted that, in England, during the struggles which are apt to occur even in the best regulated asylums, with cases of furious mania, the keepers are in the habit, after having thrown the patient, of disabling him by trampling upon his body with their knees, during which procedure, ribs, it is said, may be fractured, without external or other sign of violence. The frequency, in Great Britain, of such results, in some way or another induced, is shown by a reference to even the very last of the reports of the English Commissioners in Lunacy. To give to such possibility its full and indeed only explanation, the theory must be accepted that has just been advanced. In public asylums, where, it is almost unnecessary to say, abuses of the kind referred to can hardly take place, instances of latent fracture or other surgical lesion, save from self-injury, are comparatively rare.

Whether this physical anæsthesia is more common with women than with men, and to what extent its occurrence may explain the so frequent desire among the insane to mutilate and otherwise injure themselves, are subjects that as yet seem to have been entirely uninvestigated. Of its occurrence I have seen some remarkable examples, and others have been reported to me by my friends in this specialty. Dr. Ray, for instance, was kind enough to point out to me a case under his charge at the Butler Hospital, where the patient was in the constant habit of biting her own arms, so that they had become, from long injury of this kind, almost elephantiac in appearance. Dr. Walker, again, of the City Asylum at South Boston, has communicated to me another case where the girl gnawed away and almost devoured her lower lip; a third, where the patient ripped up her own abdomen, as in the Japanese haro-kari; and a fourth, where pins were thrust into the eyeballs—in each instance without the slightest manifestation of physical pain.

Upon the other subject to which I have called attention, the causation of insanity in women, I wish to be distinctly understood. It has been stated by my friend, Dr. Edward Jarvis, whose long experience both as an expert in insanity and as a statistician, render him most competent to judge, that mental alienation as an abstract occurrence, is more common among men than in women, in consequence of the greater exposure to innumerable exciting causes, more especially of a mental nature, to which men are liable. That this may be true, I do not at present deny, and would add to the reasons alleged by Dr. Jarvis in support of his theory two others; namely, the preponderance of male births that generally obtains, even though

this is kept down to a certain extent by the other of the influences to which I refer, the increased compression to which the head of the male child, from its larger average diameters, is subjected during labor—the results of this compression being seen not merely in a proportionate excess in males of still-births, and of convulsive diseases during infancy, but in certain cases, of irritability of the brain in after life. These cases, however, are probably more than balanced by an intrinsic and ante-genital irritability of the nervous system generally in the female.

Nevertheless, the point to which I have now alluded being for the present conceded, my own is a very different one, and not all conflicting with it. I hold that, be the cases of insanity in females more or less in number, they are in great measure of reflex character, their exciting cause capable of being localized, and therefore, in a large proportion of cases, of being removed by treatment. In this connection, I am of decided opinion that were the post-mortem examinations of the insane, now on record, to be carefully collected and tabulated, on the large scale and without regard to the special purposes for which they may have been reported, it would be found, due regard being had to the restrictions below stated,

1. That organic cerebral disease is far less common in insane females than in insane males.

2. That organic uterine or ovarian disease exists very much more frequently in these cases than has been supposed. And—

3. That where this is absent, and functional uterine or ovarian disturbance is inquired for, it will very constantly be found to exist. The only error hitherto having been that these, when detected, have been supposed the consequence of the cerebral disturbance, rather than, as is proved to us by every-day practice, the exciting cause.

The faulty way in which a very large part of the published autopsies of insane patients have been reported, cannot fail to strike the most superficial observer. Search seems generally directed only towards the brain, all lesions there found being considered of necessarily primary character, the abdominal viscera being either not examined or the result of such examination being left unstated; so that such examinations, which constitute the larger portion of those published, must be thrown aside in the present inquiry. They are worse than useless; they afford no evidence whatever of any practical value, either positive or negative, and are merely instances of neglected opportunity.

It would be easy for me to prove these, as all other statements that I have made in this communication, to the most rigid demonstration. I shall content myself, however, by a single sentence from a paper upon the morbid anatomy of the brain in insanity, by a late demonstrator of anatomy at St. Bartholomew's Hospital, Mr. Holmes Coote, of London. It is the more strikingly appropriate from hav-

ing been written without any appreciation of the importance of the facts to which I have called attention.

"Many who have professed familiarity with these subjects, have asserted that the morbid appearances found in the bodies of the insane were unworthy of record; they should rather have confessed that they were unable to appreciate their value. With the more thorough and complete investigation of these matters, we may hope eventually to arrive at some correct views as to the nature of those laws, the transgression of which leads to sensorial disturbance, but no approach to the truth can be made, except through the portal of morbid anatomy, which has revealed this important fact, that the record of post-mortem examinations, as preserved in an asylum for the insane, differs in most striking and essential particulars from that preserved in a general public hospital."*

In claiming for insanity in women a more frequent origin from uterine disturbance than has been hitherto recognized, I trust that no one will be careless enough to suppose that I consider uterine lesion must necessarily be followed or accompanied by mental derangement. Such a statement would of course be absurd, just as on the other hand it would be for a general pathologist, who had had little or no experience in examining the insane, to deny in such cases the existence of the connection to which I have called attention.

Nor should it be forgotten, as seems to have been done by many physicians with whom I have conversed upon this subject, that the term insanity does not necessarily imply a state of furious mania, with symptoms of cerebral inflammation, which indeed I am inclined to think is rarer in females than in men, as certainly it should be in case my views are correct. We should find, as I think we do find, cerebral inflammation rare in women, cerebral irritation common. It is the experience of all who have much to do with sick women, that many of their mental attacks are periodical, coincident with the menstrual molimen—a class which I would distinguish by the term catamenial mania, just as that occurring at childbirth has been termed puerperal. It is comparatively seldom, for several reasons, that these cases are sent to an asylum, even when the mental disturbance is extreme, unless it is accompanied by a tendency to suicide. Who is not familiar with the varied phases of despondency, jealousy, erotic desire, the habits of lying, stealing, and other deceit, &c. &c., at these and other times displayed by women who are called and treated as merely nervous, only through mistaken pity or a desire to shield their friends. Such cases, if judged by the rules so rigidly applied to the actions of men, would fill far more asylums than now exist. They are cases which prove the truth of my theory.

I have already referred to the opinion entertained by one eminent writer, Dr. Ray, as to the general exciting cause of insanity in wo-

* *Journal of Psychological Medicine*, vol. iv., p. 384.

men. In a still later publication than his *Mental Hygiene*, although that is yet hardly dry from the press, he has expressed himself more broadly, and I think far more pertinently. I now refer to his late Annual Report of the Butler Hospital for 1864. Dr. Ray here enters deeply into the general question of the causation of insanity, and without hinting at "the possible existence of the great laws I would now establish, attributes to insanity an almost necessarily hereditary origin. "The course of our inquiry," he avers, "leads us to this conclusion, that in the production of insanity there is generally the concurrence of two classes of agencies, one consisting in some congenital imperfection of the brain, and the other in accidental outward events. I do not say that mental disease is never produced by the latter class of agencies exclusively. The present limited state of our knowledge forbids so sweeping a conclusion. Cases sometimes occur where the closest investigation discloses, apparently, no cause of cerebral disorder within the patient himself. There is good reason to believe that the number of such cases would be lessened by a deeper insight into the inner life and a minuter knowledge of those organic movements which lead to disease."*

The two last sentences now quoted, as applying more especially to women, I accept most fully, in all their meaning, giving to them a far deeper signification than was intended or even probably thought possible by Dr. Ray. The number of so called unaccountable cases, now existing in our insane asylums, and yearly tabulated in the statistics of their reports as from an unknown cause, those mentioned as disappointed ambition—I am now quoting from a table in one of the very last of the asylum reports I have received—unrequited affection, maternal anxiety, religious excitement, domestic affliction, despondency, hysteria, ill health, or even as epilepsy, which in so many instances is but a symptom of some or another local disorder, would indeed "be lessened by a deeper insight into the inner life and a minuter knowledge of those organic movements which lead to disease."

Like Dr. Ray, I would acknowledge two great classes of agencies in the causation of insanity in woman. The one, a congenital, or, as I have called it, ante-genital tendency to functional excitement or even disturbance of the brain upon certain local developments, excitements or disorders—a tendency innate and peculiar to her sex, though often latent and unrecognized through life—and yet perhaps giving to her that excessive emotional impressibility which, within its normal bounds, is her peculiar attribute and charm. The other, not accidental, outward events—not hard work, nor domestic trouble, though I would by no means ignore the occasional occurrence of these and many similar agencies as correlative or even efficient exciting causes—but the possession of an inner mechanism, a central

* Loc. cit., p. 30.

force, around which all her other systems and functions turn, and to which they are in reality, to a certain extent, but subsidiary—so subtle and so easily disarranged by even slight external causes, that the real wonder is not that so many women are invalid, but that any are well. "*Propter uterum*," said Van Helmont, "*est mulier*." I would not so far commit myself as to accept his statement in all its bearings, but I have no hesitation in averring that in the uterus we shall find the key to many a case of mental malady, a most efficient "cause of cerebral disorder within the patient (her)self."

These several points I commend to the close scrutiny, confirmatory or contradictory, both of the profession at large, and of the specialty devoted to the study of the insane. I think I am already sure of the support of the latter; I have little doubt that the former also will, upon investigation, as heartily acquiesce in the acceptance and general adoption of my formulæ.

CASE OF CEREBRO-SPINAL MENINGITIS.

[Reported to the Boston Society for Medical Improvement, March 23th, 1864, and communicated for the Boston Medical and Surgical Journal.]

By GEORGE HAYWARD, M.D., BOSTON.

THE patient was a little boy, about 5 years and 11 months old, attending one of the public schools; he had been well fed and clothed, his parents being in easy circumstances, and had undergone no particular fatigue or exposure. He was not a very robust child, and had had, during the winter, a succession of colds; but, on Saturday morning, March 27th, seemed to be as well as before, and went to school as usual. After his return from school, about 12½, P.M., he told his father that he "had a bunch on the back of his head," and complained of being cold. His father could find nothing unusual about his head, and took him to his mother's room, where he was wrapped up warmly and placed in a chair by the fire. He still complained of pain in the head and chilliness, but ate a pretty hearty dinner, which, however, he vomited up not long after. At 5, P.M., he was put to bed, and the headache, with a feeling of general restlessness and distress, continued to increase, accompanied by occasional nausea, until 11, P.M., when his parents noticed that his mind was affected.

Things continued in this way, with the addition of considerable difficulty of breathing, until 1, A.M., on Sunday, when I was sent for and saw him soon after. I found him lying upon his back in bed, with a dark, pale, almost livid countenance; pupils of eyes much dilated and insensible to light, and the vessels of the conjunctiva very much injected with blood; pulse 120, soft and easily compressible; respiration labored and hurried; and on placing my ear on the lungs they seemed congested, as if the bronchial tubes were very much obstructed by fluid. On examining his skin to see if there were traces

of any eruptive disorder, I found upon his left arm, near the shoulder, several small round dots of a purplish hue; the largest not being bigger than a pin's head, and a few more, less marked and smaller, were found upon the forearm and body. I called his mother's attention to these spots, and continued to watch them through the night, as they seemed to me to be different from anything I had ever seen before.

As soon as it could be made ready, I applied a large mustard poultice over the whole chest, and after a time the breathing became less rapid and laborious. His pulse soon became very feeble, so that, at times, it could not be felt at the wrist, and I gave him hot wine and water, brandy and water, and wine whey, and applied flannels wet in hot brandy to his bowels, and a jug of hot water to his feet. After a time his pulse improved, the dilatation of the pupils ceased, he appeared to understand when spoken to clearly and distinctly; he tried to speak himself, and did articulate imperfectly a word or two.

About this time he had a discharge from the bowels in the bed, but his mother thought that it was not altogether involuntary, and that he had tried to give notice of it, but was unable to make himself understood.

As, from what was said to me, I thought that he had taken something in the afternoon which might be injurious to him, I gave him an emetic of powdered ipecac which vomited him after some time. He had before this shown symptoms of nausea, but did not seem able to vomit.

The remedies above spoken of were continued, the mustard poultices being applied occasionally to the chest, stomach, bowels, and back of the head and along the course of the spine, and the stimulants administered frequently in such quantities as he could be made to swallow.

In the mean time the patient was getting worse; he seemed to lose all consciousness of those about him, and a purposeless jactitation came on, causing him to toss without object from side to side of the bed. I noticed a tendency to throw the head back, and also that he had at times distinct spasms, causing him to stiffen his arms and clench his hands, set his teeth and roll his eyes up; I saw at no time any strabismus, or frothing at the mouth. The dilated state of the pupils I noticed at first, may have been caused by his just having come out of one of these spasms, without its being noticed, as the eyes had usually an unnatural look after they had passed.

The decubitus at this time and for the remainder of his life, was almost entirely upon his side, usually his right side.

The small round purplish spots which I noticed on the left arm continued to increase in size, and to come out, in great numbers, reminding one of the way the stars come out as night draws on, new ones constantly making their appearance. They were for the most

part round, clear and distinct, not raised above the skin, and seeming to increase independently, and not by coalescing with each other. There was upon the right fore-arm an irregularly-shaped blotch, very like purpura, about an inch long by one third of an inch wide; and there were several more like this on the body and limbs, but they were the exceptions.

There is but little to add to the case, except that the spasms became more frequent and severe, the tendency to opisthotonos greater, the spots more frequent and larger, and the difficulty of making him swallow his nourishment, to which beef-tea had been added, much greater.

In the course of Sunday forenoon I became convinced that this was a case of cerebro-spinal meningitis, such as had occurred among our soldiers at Newbern, N. C., and that it would soon prove fatal. This opinion I communicated to Dr. Storer, who saw the patient in consultation with me; and, after a careful examination of the patient, he concurred in it entirely.

I then wrote a note to Dr. J. Baxter Upham, requesting him to see the patient, as he had had so large an experience in such cases. Dr. Upham did so, and pronounced the case one of cerebro-spinal meningitis, precisely such as he had treated at Newbern, and, moreover, a very bad form of that disorder.

Dr. Upham noticed the same tenderness at nape of the neck which he had observed in the cases at Newbern. By his advice cloths wrung out of hot water were applied to the back of the head and spine, and these, frequently renewed, were continued until a short time before his death, which took place at 5½, P. M., March 27th, his whole illness having lasted about thirty hours.

I am sorry to say that I was unable to obtain a *post-mortem* examination.

CEREBRO-SPINAL MENINGITIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send you a brief article for the benefit of your readers—or rather, hoping it may *prompt* one, on the subject of the so-called “spotted fever,” or, as some term it, “cerebro-spinal meningitis.” The question with me is, is the disease, *so* called, and now prevailing in some localities, identical with the “spotted fever” of 1812–13, and onward? This was also called, I think by Dr. Gallup, of Vermont, “typhus syncopalis.” My own recollections of that fever (I was then 19 years old, the son of a physician in large practice, and though not then a medical student, I saw much of the fever) are, that it wore a very different aspect from the cases now described as “spotted fever.” One incident, occurring to myself at that time, I should beg pardon for relating. I spent the winter 22

1812-13 in a town some fifty miles from home, where the epidemic was sweeping off many every week, and all were alarmed. I was alone, in a lawyer's office, where I *lodged* also, and at 8 o'clock, P.M., was taken suddenly with a sense of depression, mental and physical, with intense, undefinable suffering, without obvious cause, and unprecedented in my own experience. I had understood that something like this denoted the onset of the disease, and being greatly alarmed, I stepped into a shop, only a few doors distant, and procured a pint of *unreduced* cogniac brandy, having understood it was the most reliable remedy for the fever. I commenced drinking it at once, taking, probably, two thirds of it, from 8 to 12 o'clock, then taking my bed, passing a nearly sleepless and restless night, rising early, and taking the remainder of the brandy before going to my breakfast. I was not then accustomed to ardent spirits, and am sure that, ordinarily, one *eighth* of the quantity would have produced gross intoxication. I felt no such effect from it, but through the day gradually regained my strength and spirits, and at evening was well. On my return home I related the incident to my father, who thought "the sensations I described *might* have denoted the accession of the fever, *that* condition of the system preventing the *usual* effects of the brandy, thus *possibly* arresting or curing it. *Per contra*. The apprehension and extreme terror *might* have been such as to prevent intoxication, without the help of the disease." But now for my case—a single one, and *all* I have seen.

Having been occupied for the last ten months in the discharge of duties outside of the ordinary practice of my profession (on a Board of Enrolment), I had seen nothing, and read little of the so-called "spotted fever," or, as some call it, "cerebro-spinal meningitis," the latter seeming to myself, at least, a less objectionable name. In Vermont, and in other States, I learn that it has prevailed considerably. It has been *variously* described as making its onset suddenly, with intense pain in the head, chills, vomiting, restlessness, pains in back and extremities, prostration, collapse, the head thrown back on the epine, and the latter bent like a bow, all motion of the trunk and limbs producing great suffering. In a few cases an eruption of dark or red patches. Some die in a few hours, or, if reaction comes on, linger in a half unconscious state, in great suffering, for several days, till death ensues. Those attacked seem to have been "chiefly children, and mostly young persons." What proportion of cases have proved fatal I have not definitely learned, but it seems to have been unusually fatal.

My employment keeping me from home from Monday morning to Saturday evening, I returned on the evening of Feb. 27th and found my little grand-daughter, aged 4½ years, and, perhaps of sanguineo-nervous temperament, apparently in usual health, with the exception of slight gastric disturbance. I did not deem it of sufficient consequence to require medication, and she was put in bed at an early

hour. In the course of the evening she was somewhat restless, tossing herself about in bed, and at length vomited, and the contents of the stomach being sour, I directed an alkaline solution. At 10 o'clock in the morning of the 28th I was called suddenly to the bedroom of the child, as she was thought to be "in a fit." I found her on her side, her head thrown backward, and the spine curved as if to enfold it, with the eyes open, I think with enlarged pupils, the lids in slight continuous tremor, the pulse fluttering, the skin warm, no less on the extremities than on the trunk and face, but not flushed. From this condition she recovered in from five to ten minutes, regaining her consciousness much sooner than the power of speech, the organs of speech seeming to be partially paralyzed. These attacks were repeated once in from three to ten hours, on the 28th, and to March 1st, 5 o'clock, A.M., inclusive, when the paroxysm was very severe. March 1st, at 3 o'clock, P.M., there was a recurrence which was very light, since which, till the present writing, March 1st, 9 o'clock, P.M., there has been none.

As I was in doubt as to the *pathology* of the case, never having before witnessed the *combination* of such symptoms, I called in my friends, Drs. B. and W., for advice. We were familiar with *cephalic meningitis*, but this case certainly wore a different aspect from anything of the sort we had seen. Her first and almost only complaint was of the stomach and bowels, but this was not persistent, and there was neither hardness, enlargement nor tenderness on pressure; and with the exception of the *first* twenty-four hours from the attack, there was no pain produced by moving or handling any portion of the body. The pulse, during the paroxysm, was a mere flutter, in the intervals frequent, but otherwise normal. The tongue was neither dry nor red, but covered with light-brown fur. Occasional flushings of the face, with some dryness and heat of the skin, though generally its condition was apparently normal. During the first night she complained of pain in the *feet*—none, I think, in the head. Her principal complaint, in her own words, was of "stomach-ache," I think having reference to both stomach and bowels. Once or twice she answered my *inquiries* in relation to the head by saying her "head ached," though I have no evidence that she had much of it. Through the day, March 2d, she was very restless, though no very obvious cause for it could be discovered. On the 3d, very quiet and comfortable through the forenoon and previous night, but in the afternoon restless, with pain in the bowels.

Being in much doubt as to the true pathology of the case, I was very chary of remedies. The disease had been supposed by some to be purely *sthenic*, or inflammatory, involving the envelopes of the brain and spinal cord; while others had represented it as *congestive* (?), involving especially the sinuses of the brain, the various trunks of the spinal cord, and tending rapidly to disorganization of tissues. The aspect of the case seemed to me to lack the indica-

tions of decided inflammation, and was equally unpromising for stimulating or tonic remedies. On the 28th, at 1, P.M., I ordered five grains of calomel, which moved the bowels two or three times in the following twenty-four hours, the discharges exhibiting nothing peculiar till the evening of the 29th, when pain in the bowels ensued, with slight liquid discharges, containing shreds of mucus. I ordered four grains of Dover's powder, after which she passed a comfortable night. This—the Dover's powder—was repeated at evening, March 1st. March 2d, there having been no feculent discharge since early on Feb. 29th, I ordered four grains of calomel, combined with four grains of Dover's powder, after which she passed a comfortable night. In the afternoon of the 3d, had a *natural* alvine discharge. This constitutes all the medicine administered so far, with the exception of small doses, occasionally, of sweet spirits of nitre. Mustard poultice to nape of neck, friction of spine with saturated tincture of camphor in alcohol, with very little and light nourishment, such as oyster-broth, cream and sugar, diluted with weak tea, and clear water for drink, constitutes the management of the case to this evening, March 3d.

The query has often arisen in my own mind, is it possible that *worms*, or any other form of gastric or intestinal irritation, can have induced the above very imperfectly-described symptoms?

I should have said before that the urinary discharges have been mainly normal—perhaps slightly high colored.

March 5th.—The case has gone on favorably since last date, with no recurrence of unpleasant symptoms, though she has lost flesh, and looks like one just recovered from protracted fever.

I should have mentioned that slight epistaxis occurred several times, the blood appearing florid, and of normal character.

Is it a "blood-disease," and if so, what is its definite character? "Blood-poison" is a term which I hear, or see, occasionally, but I have only vague ideas of its exact import.

March 5th, 1864.

J. L. CHANDLER.

P. S.—March 17th.—I was *too fast* in sending you the account of my grand-daughter's case. Before I sent it I read it to a medical friend, Dr. Knox, who told me, notwithstanding the flattering appearances at the time, I had *not yet* done with it. His prediction has been verified. No well-marked spasmodic paroxysms have occurred, yet the child has failed in appetite, has been very languid, with sunken eyes and countenance; skin pale and of unhealthy hue, though of normal temperature; bowels torpid; pulse *small*, but not accelerated. Prof. Thayer, of Burlington, informs me that he has seen many cases such as I describe, but "don't desire to see any more." He thinks the symptoms denote that the medulla oblongata is the main seat of the lesion, and he calls it *congestion*, I think, of the meninges. Although my little patient had fallen back unexpectedly, since

I wrote you, I hope she is now very slowly improving. Yet I am doing very little for her. Continued counter-irritants to nape of neck, and between scapulæ; at prolonged intervals, a grain of calomel, with pulv. Dov.; a boiled egg occasionally, with a little toast; compound tinct. cinchona, in light doses—comprise pretty much all I am doing.

Very respectfully,

J. L. C.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 7, 1864.

THE recent decease of Dr. J. B. FLINT, late Professor of Surgery in the Medical School at Louisville, Ky., has called forth the most hearty expressions of respect from the members of the medical profession in that city. At a meeting held on the 21st ult., the chairman, Prof. Lewis Rogers, spoke in the most feeling manner of the rare qualities of the deceased as a physician and friend, and offered the following resolutions:—

Be it resolved, That we are keenly alive to the extent of the bereavement caused by the death of Prof. J. B. Flint, our associate in the arduous duties of the practice of medicine.

Resolved, That in the death of Prof. Flint we have lost an able counsellor, a skilful surgeon, a physician of rare endowments, and one of the kindest and most faithful of friends.

Resolved, That ——— be requested to prepare a biographical sketch of Prof. Flint, and deliver it as an address to the medical profession of the city and to the public who, for nearly twenty-seven years, have enjoyed the benefit of his professional ministrations.

Resolved, That we attend the funeral services of our late associate in practice.

Resolved, That a copy of these proceedings be presented to the family of Prof. Flint.

Resolved, That these proceedings be published in the city papers.

It was moved by Dr. Bell that the blank in the third resolution be filled with the name of Prof. Lewis Rogers; but he declined on account of his health, and the meeting appointed Prof. T. S. Bell to perform the duty.

WM. BAILEY, M.D., *Secretary*.

LEWIS ROGERS, M.D., *Chairman*.

From the *Daily Advertiser*, of this city, we take the following biographical sketch of Dr. Flint:—

"A telegraphic despatch from Louisville, Ky., announces the death in that city of Dr. Joshua Barker Flint, a gentleman formerly a resident of this city, where he was extensively known. He died suddenly, of apoplexy, on Saturday, the 19th inst., at the age of 62 years.

"Dr. Flint was the son of Rev. Jacob and Sylvia (Barker) Flint, and was born in Cohasset, Mass., 13th of October, 1801. His father was born in Reading, Mass., 7th of August, 1768, graduated at Harvard College in 1794; was ordained at Cohasset 10th January, 1798, and died 11th of October, 1835, aged 67 years. His mother was a native of Pembroke, Mass. Dr. Flint pursued his preparatory studies under his father's instruction, and graduated at Harvard College in 1820. Soon after graduating he was chosen Usher in the "English Classical School" in Boston, now known as the English High School,

of which George Barrell Emerson was the principal, and continuing to instruct there during the first two years of the institution. At the end of that time he began the study of medicine under the instruction of Dr. John Collins Warren, of Boston; received the degree of M.D. in 1825, and immediately began the practice of his profession in Boston, in which he was very successful, until the year 1837, when he received an unsolicited invitation to the chair of Surgery in the Louisville Medical Institute, a new medical school then just organized in that place. He continued in that professorship three years, when the school was fairly established with a catalogue of over two hundred students. At that time, on account of some Faculty difficulties, he resigned his professorship and devoted himself exclusively to practice. In the mean time he had spent the greater part of the year 1838 in a visit to the medical establishments of Europe. His position as a teacher gave him an early and effective start as a practitioner, and for several years he enjoyed the confidence of his fellow citizens and of a large portion of the western country. In 1849 a new medical school was established in Louisville, called the "Kentucky School of Medicine," under the auspices of the Masonic University of Kentucky. Dr. Flint received the appointment of Professor of the Principles and Practice of Surgery in that institution, and remained in that position as a teacher until his death.

Dr. Flint, while a resident of Boston, was several times elected a representative to the State Legislature, and was a member of the Common Council from Ward 4, in 1831 and 1832. At that time he was an active member of the whig party; but during the Presidency of Van Buren he joined the democratic party and afterwards acted with them. In a letter dated Louisville, April 2, 1852, he says:—"In politics I am a democrat, in religion a Unitarian, in medicine an anti-heroic." Since the breaking out of the rebellion he has been an uncompromising Union man.

"He married, in April, 1841, Nannie W. Trimble, the youngest daughter of the late Robert Trimble, one of the Justices of the Supreme Court of the United States. Judge Trimble and his family were all citizens of Kentucky. Dr. Flint's wife survives him; they had no children."

THE LATE DR. BENJ. CUTTER.—At a meeting of the Middlesex East District Medical Society, at the house of Dr. W. Ingalls, in Winchester, Drs. A. Chapin, W. Stevens and J. D. Mansfield having been previously appointed, presented the following resolutions, which were unanimously adopted:—

Resolved, That by the death of Dr. Benj. Cutter, late of Woburn, this Society feels impelled, in a special manner, to bear testimony to the great loss which has been sustained. A large community have been deprived of an experienced, able and conscientious physician, a friend long and thoroughly proved, and a citizen of eminent usefulness—ever seeking earnestly the best good of the public, and exerting through his whole life an exemplary and hallowed influence.

Resolved, That to his agency more than to any other, we recognize our indebtedness for the origin of the Middlesex East District Medical Society, and to his wise and persistent efforts its shape, permanence and prosperity. In our personal intercourse we have ever found him eminently courteous, kind and conciliating, and we have all had abundant evidence to judge him both skilful and able.

and to accord to him a high position in our profession. Ever quiet and unobtrusive in his ways, his influence has been the greater.

Resolved, That while we deeply mourn our loss, we tender our heartfelt sympathy to the bereaved family and relatives, to the community at large and to our profession.

Resolved, That a copy of the foregoing be transmitted to the family of the deceased, also to the newspapers in Woburn and to the Boston Medical and Surgical Journal for publication, and that they be transcribed in the Records of our Society.

DR. C. W. DAVIS, late Surgeon of the 84th Iowa Reg't, recommends to Army Surgeons, in the *American Medical Times*, the following prescription for all forms of diarrhoea, to be taken in doses of 30 to 40 drops four times a day :—*R.* Spts. nit. dulc., ʒij. ; tinct. opii, ʒi. ; strychnine, gr. i. Mix.

DR. JOSEPH PANCOAST has resigned his post as Surgeon to the Pennsylvania Hospital, and Dr. Thomas George Morton has been appointed to fill the place.

DR. NORTON FOLSOM, of Cambridge, has been appointed Surgeon of the 45th U. S. Colored troops, stationed at Clarksburg, Va.

WE have received a second communication from Dr. Daniels, on the subject of Poisoning by Opium, which we are compelled to defer publishing for want of room.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, APRIL 2d, 1864.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	58	49	107
Ave. mortality of corresponding weeks for ten years, 1853—1863,	41.5	39.1	80.6
Average corrected to increased population	00	00	88.65
Death of persons above 90	0	0	0

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Diphtheria.
9	10	4	9	3	0	2	3

COMMUNICATIONS RECEIVED.—An Essay read before the Medical Society of the Surgeons of the 2d Division, 3d Corps, Army of the Potomac, with discussion following.—Tincture of Aconite in Variola.—Case of Traumatic Tetanus.—On the Application of Heat and Cold, as Remedies, to the Sympathetic Nervous System.

PAMPHLETS RECEIVED.—Seventh Annual Report of the Board of Directors for Public Institutions of the City of Boston for the year 1863.—The Rhode Island Tenth Registration Report, 1862.

DIED.—In this city, 30th ult., Dr. William Dolby, 34.—30th ult., Dr. Marcus A. Moore, of Waltham, 39 years 5 months.—In Philadelphia, Dr. John Redman Coxe, formerly Professor of Chemistry in Pennsylvania University, aged 92.

DEATHS IN BOSTON for the week ending Saturday noon, April 2d, 107. Males, 58—Females, 49.—Abscess of the lungs, 1—accident, 1—apoplexy, 5—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—bronchitis, 1—consumption, 9—convulsions, 5—croup, 10—diabetes, 1—diphtheria, 3—dropsy, 3—dropsy of the brain, 5—erysipelas, 1—bilious fever, 1—scarlet fever, 4—typhoid fever, 2—gastritis, 1—disease of the heart, 5—malformation of the heart, 1—disease of the hip, 1—infantile disease, 4—intemperance, 3—disease of the kidneys, 1—disease of the liver, 2—congestion of the lungs, 5—disease of the lungs, 1—inflammation of the lungs, 9—measles, 2—pleurisy, 1—premature birth, 2—smallpox, 3—teething, 2—tumor, 1—unknown, 6.

Under 5 years of age, 40—between 5 and 20 years, 15—between 20 and 40 years, 19—between 40 and 60 years, 20—above 60 years, 13. Born in the United States, 76—Ireland, 20—other places, 11.